

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 725497

1. Entity Name
THE ARC NATURE COAST, INC.



Principal Place of Business

**5283 NEFF LAKE RD
BROOKSVILLE, FL 34601-8018 US**

Mailing Address

**5283 NEFF LAKE RD
BROOKSVILLE, FL 34601-8018 US**



01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7305830

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARRY, MARK W.
13911 CORONADO DRIVE
SPRINGHILL, FL 34609**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAURER, MICHAEL
STREET ADDRESS	3140 KEEPORT DR
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	V
NAME	JARQUE, GREGORY
STREET ADDRESS	15261 TELCOME DR
CITY-ST-ZIP	BROOKSVILLE, FL 34608
TITLE	S
NAME	DOFKA, CATHY
STREET ADDRESS	24176 MONDON HILL RD
CITY-ST-ZIP	BROOKSVILLE, FL 34608
TITLE	T
NAME	TAYLOR, ROBERT
STREET ADDRESS	11037 THORNBERRY DR
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000210881
02/02/05-80100-001 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/05 352 544-2322